



INDIANA PENSION FUND

77 Police and Fire Fund
143 West Market Street
Indianapolis, IN 46204

MEMBERSHIP RECORD

This record will be used in establishing the rights, privileges and benefits of your participation in this fund. Please observe carefully the following instructions in completing this record. **NOTE: Please complete and return within 30 days of hire date.**

TO BE COMPLETED BY EMPLOYER

(PRINT OR TYPE)

Check sex:

Male ☐

Female ☐

1. Name _____
(Given name or names) (middle name) (maiden) (last)

2. Social Security Number _____

3. Annual salary _____

4. Date of birth _____
(Month) (Day) (Year)

5. Date hired _____
(Month) (Day) (Year)

6. Police officer ☐ Firefighter ☐

7. City of employment _____

8. Employer number _____

RETIREE NO.

PENSION NO.

TO BE COMPLETED BY EMPLOYEE

9. Present address:

(number and street, R.R. or P.O. Box)

(City) (State) (Zip)

10. Family data:		Name	Date of birth		
			Month	Day	Year
	Husband or Wife:				
	Children				

11. Proof of age: You are **required** to submit proof of your age. It should **never** delay submission of this membership. A photostat, or certified copy, should be sent since it will not be returned. Usual proofs are birth certificates, baptismal records, or court record.

List any service rendered as ☐ police officer ☐ firefighter
in the state of Indiana.

Start with your present employment and work down.

[illegible]

I hereby certify that the answers to all questions are true to the best of my knowledge, information and belief.

(Signature of Employee)

CERTIFICATE OF PRESENT EMPLOYER

I hereby certify that, according to evidence submitted to me, the foregoing statements and record of service listed is correct to the best of my knowledge and belief.

CITY: _____

DATE: _____ SIGNED: _____